



MINISTRY OF HEALTH

POLICY COMMUNIQUÉ

COMMUNIQUÉ

TO: All Health Authorities

TRANSMITTAL DATE: **AUG 10 2012**

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SUBJECT: Hand Hygiene

DETAILS: Cover letter to Chief Executive Officers, Health Authorities

EFFECTIVE DATE: Immediately

MINISTRY CONTACT: Executive Director, Patient Safety & Care Quality, Health Authorities Division

Graham Whitmarsh
Deputy Minister
Ministry of Health

MINISTRY OF HEALTH POLICY
HAND HYGIENE
2012

Policy Objective

- This policy is intended to protect patient and health care providers by ensuring high quality hand hygiene is practiced. Optimal hand hygiene is a key component of a culture of safety and is associated with the reduced transmission of health care-associated infections.
- This policy outlines the minimum provincial expectations for hand hygiene programming in acute care settings, including requirements for best practices, auditing, reporting and quality assurance.

Vision

- The BC health care system will seek perfection in hand hygiene compliance, while recognizing ongoing positive improvements.
- The long-term provincial goal for hand hygiene compliance is 100% in all care settings.
- Health authorities¹ shall reach a minimum target of 80% hand hygiene compliance over a three year period (FY 2011/12 to FY 2014/15) in all audited sites.
- All health authorities, including those with hand hygiene rates above 80%, shall continue working towards the provincial goal of 100% hand hygiene compliance in all care settings.

Scope

- This policy applies to all health authority employees, physicians, contractors, students and volunteers within acute care facilities and programs. This includes private or non-profit facilities and/or providers that are supplying public health care services under contract to health authorities.

Definitions

- **Shall:** Indicates a mandatory requirement based on Ministry of Health directive.
- **Should:** Indicates a recommended best practice for implementation at the discretion of each health authority.

Policy

- Effective immediately, health authorities shall implement current standards for appropriate hand hygiene practice as outlined in BC's Best Practice Guidelines for Hand Hygiene (2012). BC's best practice guideline document is attached as Appendix 1.
- Health authorities shall audit hand hygiene compliance on a quarterly basis and rates will be monitored for quality improvement purposes.
- Health authorities shall actively participate in the Provincial Hand Hygiene Working Group, a provincial collaborative forum for provincial hand hygiene improvement and culture change.

Standards

- **Hand Care and Adornments** - In all health care settings, a hand care program should be implemented that includes staff education, staff input into product selection, and skin assessment to address skin integrity issues.
 - **Nails** - To enable effective hand hygiene nails should be kept clean and short; artificial nails or nail enhancements should not be worn; and nail polish should not be worn.
 - **Rings, wrist jewellery and watches** - Rings and wrist jewellery should not interfere with hand hygiene. It is strongly recommended that rings, wrist jewellery and watches are removed during patient contact and while performing hand hygiene.
 - **Gloves** - Gloves should not be used in place of proper hand hygiene. Hand hygiene should be performed before donning gloves and after glove removal.
- **Hand Hygiene Products** - Hand hygiene products should be provided at point-of-care. All hand hygiene products should not interfere with glove integrity or with the action of using other hand care products (i.e., lotions).

¹ Providence Health Care, United Church Health Services Society, St. Joseph's General Hospital and other denominational or "affiliated" sites are included within the definition of "health authority". These organizations will be audited for hand hygiene compliance by arrangement with their affiliated health authorities.

- **ABHR** - Alcohol based hand rub (ABHR) used in health care settings shall have an alcohol concentration between 70% to 90%. Non-alcoholic, waterless antiseptic agents should NOT be used as hand hygiene agents in any health care setting. Single-use product dispensers are preferred and should be discarded when empty; containers should not be 'topped-up'.
- **Lotion** – Staff should be provided with hand moisturizing skin-care products to minimize the occurrence of irritant contact dermatitis associated with hand hygiene.
- **Education and training** – All persons within the scope of this policy shall have appropriate hand hygiene education, training, and competency assessment². The requirements to complete education/training are as follows:
 - **Physicians** – At the time of initial credentialing and every 3 years thereafter.
 - **Direct Patient Care Staff** – Education will be linked to performance rates of the unit. Staff working on units with compliance less than 59% over a one year period shall be required to successfully complete the provincial hand hygiene education module.
 - **New Hires** – At the time of their standard orientation program.
 - **Students** – At the time of their standard orientation program.

Health authorities will ensure targeted³ education and training is provided on an ongoing basis. Hand hygiene education modules and materials shall be reviewed every 3 years and updated as required.

- **Physical infrastructure** – All health authorities shall ensure appropriate infrastructure is in place to support hand hygiene programming. In addition, health authorities are expected to follow current CSA standards (Z8000) and Guidelines for Design and Construction of Health Care Facilities (Facility Guidelines Institute) when constructing new builds or renovating existing health care facilities.
- **Evaluation and reporting** - Health authorities shall carry out ongoing, facility-wide, observational hand hygiene compliance audits. These audits will be conducted in accordance with the standardized surveillance methodology developed by the Provincial Hand Hygiene Working Group.

Health authorities shall submit hand hygiene compliance results for all surveyed clinical areas to the Provincial Infection Control Network (PICNet) on a quarterly basis. PICNet will compile, analyze and report results to the Ministry, the Provincial Hand Hygiene Working Group, and the Clinical Care Management Steering Committee on a quarterly basis.

- **Public Reporting** - Effective immediately, health authority hand hygiene compliance rates will be made publicly available.
 - **External (Website):** At a minimum, quarterly hand hygiene compliance rates will be publicly reported twice per year by PICNet on behalf of health authorities.
 - **Internal (Within Facilities):** By September 30, 2012, all health will be expected to satisfy provincial requirements for posting hand hygiene audit results within acute care facilities (see Appendix 2).

Implementation

- This policy is effective immediately through a phased implementation process that begins with acute care services.
- Residential, long term care and assisted living sites will adopt an approved policy by the start of fiscal 2014/15 that is consistent with this Communiqué.
- Effective immediately, health authorities shall implement updated Best Practice Guidelines for Hand Hygiene, as developed and endorsed by the Provincial Hand Hygiene Working Group (see Appendix 1).
- By July 2012, health authorities shall implement a regional hand hygiene policy and program which includes, at a minimum, requirements for:
 - Standards and guidelines;

² An online provincial hand hygiene education module has been developed for all health care workers and is available for use. If the module is linked to professional development and course tracking, it can be accessed through each health authorities Course Catalogue Registration System (CCRS). The module is also available publicly for general knowledge and interest at: <http://www.bcpsqc.ca/quality/handhygiene-resources.html> or <http://www.picnet.ca/education-training/64/hand-hygiene-resources>

³ Targeted education refers to education that is provided in relation to a particular national or local campaign initiative such as (but not limited to) Hand Hygiene Week, Infection Control Week or CPSF's *Safer Healthcare Now!* program.

- Education;
 - Monitoring;
 - Evaluation;
 - Reporting;
 - Resources (financial, human, supply, and infrastructure/physical);
 - Sustainment; and
 - Change management (Please see Appendix 3 for details of required Action Plan content.)
- As previously directed (April 2012), health authorities will audit inpatient units in acute care facilities. Hemodialysis, oncology and other specialized treatments that are delivered in the acute care setting on an inpatient basis will be in scope for hand hygiene auditing.
 - Health authorities will demonstrate compliance with hand hygiene best practices by means of observational audits.
 - Health authority hand hygiene compliance audits will adhere to the approved, provincially standardized audit methodology developed by the Provincial Hand Hygiene Working Group.
 - Annual hand hygiene compliance audit cycles will begin on the first day of every new fiscal year.
 - Health authorities will submit hand hygiene compliance reports of facility-level data to PICNet within 90 days after the end of each fiscal quarter.

Accountability & Quality Assurance

- Health authorities will ensure that regional hand hygiene policies comply with the policies and standards outlined in this Communiqué. A Policy Template document is provided to facilitate compliance (see Appendix 4).
- Health authorities shall submit an organizational Hand Hygiene Action Plan to the Ministry of Health addressing required quality improvements in all sites with less than 80% hand hygiene compliance in the previous fiscal year.
 - Hand Hygiene Action Plans are due to the Ministry on the last Friday in May each year.
 - Submission of Action Plans to the Ministry shall begin in May 2013.
 - A Hand Hygiene Action Plan template is provided in Appendix 3.
- The Ministry will monitor health authority hand hygiene program implementation and performance on an ongoing basis through established reporting mechanisms.

Review

- This Policy is subject to review by March 31, 2016, or as required.